Screening, Brief Intervention, and Referral to Treatment Training Program

Implementation Guide

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Background

Why screening, brief intervention, and referral to treatment (SBIRT) for substance misuse and abuse? Given the prevalence of substance use disorders nationwide, it makes good sense for primary care practitioners—rather than trauma centers or judges—to be the first line of response. SBIRT has been recognized as a core preventive strategy for our changing health care delivery system. However, SBIRT is underutilized in primary care, and substance use disorders have received only limited attention in medical and allied health care education.

As Substance Abuse and Mental Health Services Administration (SAMHSA) Screening, Brief Intervention, and Referral to Treatment (SBIRT) Medical Professional Training Program grantees, you have an exciting opportunity to build the competencies of the next generation workforce of primary care and allied health professionals. In 2008, SAMHSA initiated a program to develop curricula and implement training for medical residents on evidence-based SBIRT. The program aims to train physicians and allied health professionals to provide SBIRT services and promote systemic change in residency programs by integrating SBIRT into the curriculum and practice sites. The expectation is that SBIRT will become a component of the learning experience for each successive class of residents. A broader purpose of the program is to promote and support adoption of SBIRT through delivery of training to local and statewide medical communities.

Since 2008, 17 grantees have developed curricula and trained approximately 4,700 medical residents and 10,300 allied health professionals. The lessons learned have been shared with other grantees implementing training projects and with programs seeking funding to do so, including medical residency, allied health, and behavioral health programs.

The 2013 National Drug Control Strategy cited data from SAMHSA SBIRT grant programs demonstrating SBIRT's effectiveness for addressing alcohol and substance use problems, leading to long-term health benefits. A review of 1.5 million screened patients indicated—

- Reductions in alcohol and drug use 6 months after receiving the SBIRT intervention
- Improvements in quality-of-life measures, including employment/education status, housing stability, and past 30-day arrest rates
- Reductions in risky behaviors, including unprotected sexual encounters

We wish to acknowledge the contributions of current and former SAMHSA SBIRT grantees whose work has informed this guide and the SBIRT curricula.

Introduction

The purpose of this guide is to provide SAMHSA's SBIRT grantees with basic information, tools, and resources to implement an SBIRT training project. The information reflects the experiences of 17 grantees funded to develop SBIRT curricula and training projects for medical residents and allied health professionals. The grantees were situated in small and large educational institutions, rural and urban areas, and a variety of clinical settings, and they served demographically and socioeconomically diverse populations. Therefore, this guide provides general guidelines for four areas of SBIRT training project implementation:

- 1. Project organization
- 2. Stakeholder engagement
- 3. Training plan development
- 4. Training implementation

This guide does not prescribe a specific process for implementing an SBIRT training project. Rather, it is intended to help readers think through the implementation steps and develop strategies to successfully operationalize a training project. Key considerations are identified for each of the four areas, including lessons learned from previous grantees, challenges, and solutions. Helpful worksheets are provided for each area.

Project Organization

This first section discusses two aspects of organizing your SBIRT training project: determining project goals, objectives, and implementation strategies; and measuring and assessing project processes and outcomes. We strongly encourage you to first reread your grant proposal and notice of funding award so you are reminded of what you agreed to deliver. This is particularly true if portions of the proposal were written by individuals who are not members of your team. Identify possible strengths, weaknesses, opportunities, and challenges as you move forward with implementation (see table 1). It is important to know that your Government Project Officer (GPO) will hold you accountable. If elements of your proposal have changed substantively since submission, you are strongly encouraged to communicate and strategize with the GPO for a successful solution.

It is equally important, at the very beginning of your project, to become informed about the successes and challenges of previous grantees. This guide shares many lessons learned, but we encourage new grantees to reach out to colleagues with implementation experience. Contact information for previous grantees is provided in the appendix.

Determining Goals

The project planning and startup phase is an important time to review your training goals and refine your action plan. Good training goals are **specific, measurable, attainable, relevant, and time-bound (SMART)**.

Specific goals are based on the answers to these six "W" questions:

- Who: Who needs to be involved?
- What: What needs to be accomplished?
- Where: Where will it be implemented?
- When: What is the timeframe?
- Which: Which requirements and constraints must be considered?
- Why: Why is it important to accomplish the goal?

Measurable goals have concrete criteria for tracking progress and measuring outcomes:

- How much?
- How many?
- How frequently?
- How will the accomplishment of this goal be demonstrated?

Attainable goals are realistic and achievable:

How can the goal be accomplished?

Relevant goals can answer yes to these questions:

- Does this seem worthwhile?
- Is this the right time?
- Does this match our other efforts/needs?

Time-bound goals are grounded within a timeframe:

- When will the activity be accomplished?
- How long will the activity last?

After confirming your goals, refine your project's action plan:

- List the steps required to achieve each goal. A logic model is often helpful.
- Prioritize the list. Keep only the steps necessary to achieve a goal; eliminate actions that can be dropped without significant impact.
- Arrange the steps in sequence. This is the action plan.
- For each step, identify who will be responsible for conducting the tasks and the resources necessary to complete the tasks.
- Establish a timeline to measure and monitor implementation.
- Determine a regular system for communication.
- Determine how decisions will be made and by whom.
- Determine who will collect data for program operations and grant reporting.
- Identify and confirm project staff.
- Identify necessary infrastructure such as a Web page, learning management system, and technical resources.

Clearly define the project management team. Clarify essential roles and confirm that written agreements have been completed. This includes ancillary partners, whether internal (e.g., the information technology department) or external (e.g., residency or internship practice sites).

Measurement and Assessment

Grantees are required to evaluate the training project. Evaluation will enable the project to determine whether it is achieving its stated goals, objectives, and outcomes. The project is required to report on progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted semiannually to SAMHSA. To meet this requirement, the evaluation should include both process and outcome evaluation methods.

The process measures will assist in monitoring stakeholder involvement, progress in training students, fidelity to the SBIRT intervention, dissemination of curricula, and sustainability. The process evaluation can help to identify challenges, solutions, and lessons learned in developing and implementing an SBIRT training program. Below is a list of activities that may be considered for the process evaluation:

- Number of trainees
- Trainee specialties and the number trained in each specialty
- Number, type, and duration of training activities
- Clinical experiences and number of patients seen
- Number of training events held for local and statewide medical communities
- Number of other dissemination events and number of people attending

The outcome evaluation will provide a systematic understanding of the impact of the SBIRT training on participants. It should document trainees' attitudes, knowledge, and skills related to SBIRT prior to and after the training. Further outcome evaluation should reflect transfer of learning to practice sites and ultimately the larger medical community. Below is a list of outcome-related factors:

- Understanding of the association of medical conditions with substance abuse
- Knowledge of substance use behaviors across a continuum
- Use of screening tools that identify the full spectrum of substance use, abuse, and addiction
- Knowledge of brief intervention procedures and evidence of their effectiveness
- Demonstrated skills in screening, identification, brief intervention, and referral for treatment for alcohol, illicit drugs, and prescription drug misuse
- Linking and communicating with the specialty treatment service system, providers, and facilities
- Understanding of technology such as electronic health record (EHR)-based screening and assessment systems

Other possible evaluation content might include—

- Brief treatment models
- ▶ Effective medications for the treatment of substance dependence
- Knowledge of medical management and care coordination of patients with substance use issues
- Frequency and duration of SBIRT procedures in clinical practice after the completion of training
- Program/contextual factors associated with changes in knowledge, attitudes, and skills among trainees
- Individual factors associated with changes in knowledge, attitudes, and skills among trainees
- Long-term durability/transfer of learning
- Student ratings of the training and knowledge, attitudes, and skills changes

Worksheet 1 is provided to assist with developing an evaluation plan. It is designed to facilitate consideration of evaluation questions, measures, data collection methods, data sources, and timing of data collection. The project should collect contact information from all participants to ensure followup data can be collected.

A key factor in developing an effective evaluation plan is getting an early start. Include evaluation planning as part of the initial project planning phase. This will ensure that the project captures critical process elements related to implementation and design. Grantees should decide whether the evaluation will be conducted by internal program staff or by an external evaluator. There are benefits to hiring an evaluator from outside the organization. These include expertise, impartiality, and dedicated time. Involving an external evaluator from the beginning allows the project to fully benefit from the evaluator's expertise and provides the evaluator the opportunity to obtain a full understanding of the project.

Table 1. Project Organization: Common Challenges and Successful Strategies

Challenges	Strategies
Defining project management team members, agreements, and roles, including those of stakeholders/partners	Determine management team and develop written agreements defining roles, responsibilities, and decisionmaking processes.
Defining goals	Ensure that goals are SMART .
Meeting targets	 Review RFA deliverables and ensure alignment with the implementation plan. Discuss any variance with your GPO. Have each residency and allied health program area prepare a training plan with targets and timelines. Document their commitment to meeting the targets on time. Work closely with the staff responsible for coordinating training schedules to develop the plan. Periodically review progress according to the timeline and make adjustments to meet targets.
Ensuring graduates' participation in followup	 Normalize followup expectations as part of the training procedures. Obtain postgraduate contact information. Provide an incentive for graduates to complete follow-up surveys, such as gift cards valued at \$10 to \$20. Provide convenient Web-based options for graduates to provide followup information, such as SurveyMonkey.
Assuring fidelity to the SBIRT model/protocol	 Provide pocket cards for residents, students, and preceptors to document their SBIRT practices and capture successes and challenges during patient encounters. Develop a chart review form to assess fidelity with screening questions and SBIRT protocols. Identify or develop a proficiency checklist to monitor fidelity and build trainee competencies. Define a system for clinical supervision in which SBIRT delivery procedures are reviewed and coaching and feedback are provided. Build competencies of practice site supervisors in SBIRT, motivational interviewing, and proficiency tools. Develop protocols for operations, including use of technology and common curricula, tools, and processes.

Challenges	Strategies
Ensuring faculty and practice site supervisors' knowledge of SBIRT	Orient faculty and practice site supervisors to the SBIRT intervention.
	Work with practice site supervisors to analyze workflow and determine how SBIRT will become part of the clinical training experience.

Worksheet 1. Evaluation Planning

Instructions: For each evaluation question, identify the measures, data collection method, data source, person responsible for collecting the data, and timeframe in which the data will be collected.

		Process Eval	uation		
Evaluation Question	Marker/Measure(s)	Data Collection Method	Data Source	Data Collector	Timing of Data Collection
		Outcome Eva	luation		
Evaluation Question	Marker/Measure(s)	Data Collection Method	Data Source	Data Collector	Timing of Data Collection

Stakeholder Engagement

This section reviews the roles of stakeholders, SBIRT champions, and councils of directors.

Identifying Stakeholders

Stakeholders are individuals or organizations that affect or may be affected by your project. Stakeholders may be internal or external, and they may be formal or informal leaders. Informal leaders are those who do not hold a formal position of authority but have a powerful influence on the opinions and decisions of others. Working with stakeholders is an important element of successful grant implementation.

A stakeholder is anyone who—

- Has influence or authority over the educational experiences of your trainees
- Will be affected directly or indirectly by the project
- Is involved with project implementation or outcomes

Worksheet 2 will assist with identifying stakeholders and assessing their interest and influence. To complete worksheet 2, speak with potential stakeholders to gain an understanding of their involvement, interests, and motivation and how to maximize their support. Stakeholders may include individuals and/or organizations from the categories below.

Program participants are individuals who will be trained in and practice SBIRT:

- Faculty
- School staff
- Chief residents
- Residents and allied health trainees
- Clinical and/or management staff of partnering organizations, such as affiliated practice sites

Training program implementers may include—

- Teaching faculty
- Curriculum developers
- Instructional media staff supporting online courses
- Program coordinators
- Other program staff

- Administrators of education and health agencies
 - Trainers
 - Evaluators

Partners can influence or help implement SBIRT strategies identified in the implementation plan:

- External partners
 - Hospitals
 - Community health centers, including federally qualified health centers
 - Specialty clinics
 - Social service agencies
 - Other practice sites
- Internal partners
 - Academic departments, divisions, or units
 - Interdepartmental committees

Use worksheet 3 to create a stakeholder engagement strategy using the following information for each stakeholder:

- Key interests and issues
- Project roles
- Desired input
- Drivers (areas of motivation, governing regulations)
- Communications approach

For example, a medical school dean's role might be limited to addressing policy and administrative concerns, and periodic communication may be sufficient unless an issue arises. However, faculty stakeholders and potential champions implementing SBIRT training require more frequent communication to monitor progress and obtain feedback. Previous grantees have found it effective to provide incentives for the participation of faculty and champions. Purchasing small portions of their time for the life of the grant, sometimes as little as 5 percent, has consistently yielded easier recruitment and allows the grantee to have certain expectations. Other incentives have included opportunities for scholarship, presentations, and participation on committees or workgroups.

Practice site staff, including clinical and management staff, are equally important to engage. They are on site, where residents or other trainees will be practicing newly acquired skills and procedures. Staff will need to work cooperatively with you to determine how the SBIRT process will fit into their workflow. It is also important to determine how SBIRT procedures will be documented, preferably within an EHR. Again, purchasing small portions of practice site staff time has consistently demonstrated a positive impact on buy-in and support.

In summary, develop stakeholder engagement strategies that—

- Identify key internal and external stakeholders
- Clarify their role and contribution
- Meaningfully involve stakeholders without overburdening them
- ► Take advantage of opportunities to increase knowledge, interest, and institutional support

Common challenges and successful strategies for stakeholder involvement are described in table 2.

Identifying SBIRT Champions

SBIRT champions are stakeholders and others who play a visible role in promoting and supporting SBIRT as a routine part of patient care. For instance, in one setting, a community coalition for substance abuse prevention was a strong advocate for SBIRT. Champions can help to—

- Raise awareness of SBIRT among medical and other professionals and the community
- Facilitate change
- Shape opinions of others, increasing buy-in and support
- Disseminate SBIRT information
- Support integration of SBIRT into other training curricula
- Reinforce the use of SBIRT in clinical settings
- Provide formal and informal presentations on SBIRT
- Assist in developing a supportive network
- Identify and recruit trainers and supervisors
- Adapt training formats and materials to unique settings
- Host SBIRT staff events
- Serve as a liaison among project leaders, trainers, and staff

- Engage with organization leaders whose support plays a role in the success of SBIRT
- Coordinate training, planning, and meeting logistics

An SBIRT champion may be a formal or informal leader at your institution or affiliated practice sites who promote SBIRT training. Champions help to integrate SBIRT into the existing learning experience and, through their support, increase the likelihood of sustainable SBIRT practice once the grant ends. Effective SBIRT champions have the power, influence, and desire to effect change in opinion and operations. They have credibility and respect within their institution and have influence on formal and informal systems. Use worksheet 4 to identify and recruit SBIRT champions.

Forming a Council of Directors (CoD)

The CoD is a required group formed by the project to serve as a steering committee. The CoD can assist with overcoming institutional barriers, supporting implementation and dissemination, and sustaining SBIRT when Federal funding ends. The role of the SBIRT CoD is to—

- Review successes and barriers to implementation
- Provide advice and suggest action steps to ensure integration of the SBIRT curriculum into the established school curriculum
- Approve actions to address barriers
- Identify activities and opportunities for SBIRT dissemination
- Develop a plan to sustain the SBIRT curriculum upon completion of the grant
- Review semiannual, final, and financial reports prior to submission to SAMHSA

The most important consideration when choosing members of the CoD is their role and scope of influence in the institution. Individuals to consider include—

- Administrators (e.g., deans, vice deans, department chairs)
- Curriculum development personnel
- Clinical practice/field education supervisors
- Residency directors and chief residents

The CoD should be formed within 4 months of grant award and meet frequently during project startup to help identify and address implementation issues. Grantees are encouraged to schedule meetings at least monthly during the first year of the grant. Work with the CoD may include developing goals and timelines for dissemination and creating workgroups to address areas such as curriculum and training dissemination, measurement and evaluation, and sustainability. Consider having workgroups provide updates on their activities between CoD

meetings to support engagement and follow-through. Use worksheet 5 to identify potential CoD members.

Table 2. Stakeholder Engagement: Common Challenges and Successful Strategies

Challenges	Strategies
Identifying and engaging stakeholders	Identify staff who may play a role in implementing SBIRT, particularly those who have positive relationships with peers and the capacity to facilitate change.
	Use a logic model to graphically illustrate program elements.
	Consider recruiting senior medical residents and students to serve as champions and peer mentors.
	Identify and negotiate stakeholder roles and incentives.
Building buy-in for SBIRT	Have executive-level administrators, deans, and/or department chairs announce the project and request staff participation and assistance in facilitating implementation.
	Plan and conduct a kickoff event featuring a respected speaker who is an advocate of SBIRT and has experience implementing a training program in a similar setting.
	Invite a well-known representative of a relevant specialty or professional discipline to present the evidence base for SBIRT and the implications for health outcomes.
	Develop a dissemination plan to promote the purpose and effectiveness of SBIRT and the SBIRT training project within your institution and with external partners.
	Plan activities to increase buy-in for SBIRT over time.
Familiarizing stakeholders with SBIRT	Develop an SBIRT brand for your curriculum, Web site, and marketing materials (e.g., posters, brochures, flyers).
	Create an SBIRT newsletter.
	Target messaging to stakeholders.
Managing competing priorities	Fund a portion of the teaching faculty or other key participants' time.
	Develop flexible scheduling.
	Use technology to support communication and information sharing.
Addressing role ambiguity	Provide stakeholders/champions with clearly defined expectations regarding their time and responsibilities.
	Assign members to subcommittees or workgroups based on their interest or influence.

Worksheet 2. Identifying Stakeholders

Instructions: Identify potential stakeholders. Based on conversations with them regarding the SBIRT training project, note their possible roles, key interests/issues, knowledge of SBIRT, and potential influence on SBIRT implementation.

Stakeholder and Position	Organization/ Department	Possible Roles	Interests/Issues	Knowledge of SBIRT	Level of Influence To Facilitate SBIRT Implementation
				□ Low □ Medium □ High	□ Low □ Medium □ High
				□ Low □ Medium □ High	□ Low □ Medium □ High
				□ Low □ Medium □ High	□ Low □ Medium □ High
				□ Low □ Medium □ High	□ Low □ Medium □ High
				□ Low □ Medium □ High	□ Low □ Medium □ High

Worksheet 3. Stakeholder Engagement Strategy

Instructions: List stakeholders and develop a strategy for the best use of each one.

Stakeholder	Interests/ Issues	Possible Roles	Actions Including Incentives	Agreements	Communications Approach

Worksheet 4. Identifying SBIRT Champions

Instructions: Identify potential SBIRT champions, their strengths and knowledge of SBIRT, and the person responsible for requesting their participation.

Name	Institution/Organization	Contact Information	Strengths/Influence	SBIRT Knowledge	Who Will Contact?

Worksheet 5. Identifying a Council of Directors

Instructions: Identify potential SBIRT CoD members, their strengths and possible challenges, and the person responsible for requesting their participation.

Name	Institution/Organization	Contact Information	Strengths	Challenges	Who Will Contact?

Training Plan Development

This section focuses on developing the SBIRT training plan:

- Formulating the training team
- Developing a standardized curriculum
- Determining the timing, frequency, and duration of training
- Determining the training setting
- Establishing partnerships with practice sites
- Training the trainers

Common challenges and strategies for a successful training plan are provided in table 3.

Formulating the Training Team

Most effective training teams consist of representatives from each participating program, including clinicians and staff. Teams have included—

- Project directors
- Project coordinators
- Medical/clinical directors
- Behavioral health directors
- Curriculum developers
- Faculty and staff champions
- Trainers
- Preceptors/practice site clinical supervisors
- Clinical social workers

- Nurse practitioners
- Clinical instructors
- Tracking monitors
- Evaluators
- Data managers
- Standardized patients
- Practice site staff (clinical, administrative, and support)
- Consultants

SBIRT faculty should have experience in substance abuse treatment and prevention and motivational interviewing, and a willingness to complete additional training to remain current on developments in treatment. Use worksheet 6 to develop a list of potential SBIRT trainers. Once the training team has been formulated, schedule a project kickoff meeting to discuss the goals and implementation timeline, members' roles and responsibilities, and the work plan.

Developing a Curriculum

SAMHSA provides SBIRT training curricula based on those developed by previous grantees. Tailoring the materials might require "branding" them for your institution and addressing differences in context and practice between health professions. The core components of the curricula include—

- Screening—Screening identifies individuals at risk for problems related to alcohol and/or substance use. Screening can be done through interview and/or self-report. The most widely used screening instruments are the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST). These tools can be administered by practitioners such as physicians, nurses, social workers, and counselors. In prescreening, a reduced set of validated questions is used to eliminate individuals who would quickly prove negative using the full screening tools.
- Brief intervention—A brief intervention is a face-to-face facilitated discussion focused on raising an individual's awareness of his or her substance use and motivating the individual toward behavioral change. Brief interventions are usually provided through a single session but occasionally through multiple sessions. Motivational interviewing skills and strategies are core to the brief intervention approach and are included as part of any SBIRT training curriculum.
- ▶ **Brief treatment**—Brief treatment consists of a limited course of focused motivational enhancement and cognitive behavioral sessions. Brief treatment is usually 5 to 12 sessions in length for up to 1 hour each.
- **Referral**—Referral facilitates access to care for individuals assessed with a substance use disorder requiring intensive treatment services.

Grantees are encouraged to include additional elements such as the following:

- Methods for effective supervision and coaching to support proficiency and fidelity to the protocol
- The association of medical and social/behavioral conditions with substance abuse
- Screening and assessment tools that identify the full spectrum of substance use and other disorders
- "Hands-on" practice and training with patients for screening, identification, brief intervention, and referral to treatment for alcohol, illicit drugs, and prescription drug misuse
- Orientation to detoxification procedures for alcohol and other drugs
- Use of medications for treatment of substance dependence
- Appropriate prescribing practices for pain medications and medically assisted treatment
- Ongoing medical management and care coordination for patients with substance use disorders

- Fostering integration of SBIRT into the full continuum of primary care
- Communicating and linking with specialty treatment services
- Training local systems supporting behavioral health workforce development
- Understanding and working with EHR-based screening and assessment systems
- Advocating for institutional and/or administrative changes that support the implementation and sustainability of SBIRT services
- Viable business practice models including strategies for reimbursement

Orient trainees, faculty, and site supervisors to tools and processes to support fidelity of implementation. Involve stakeholders, champions, and curriculum developers in adapting the curricula and implementation plan to meet the needs of the site.

Determining Timing, Frequency, and Duration of Training

As the SBIRT curriculum is integrated into the overall curriculum, the training team must work within the institution's established protocols. Some schools might prefer to schedule training only for new entrants, and others might find it more effective to schedule training closer to when students begin their clinical practice so their newly acquired skills can be reinforced immediately.

Determining Training Setting

It is important to consider the settings where clinical training will be provided. Didactic training can be provided through classrooms and grand rounds or online modules, videos, or other methods. Residents/trainees must also have supervised clinical experience with screening patients and conducting brief intervention to fully develop their SBIRT skills. For example, a trainee may perform SBIRT in an inpatient or outpatient setting, emergency room or trauma center, Veterans Affairs clinic, or rehabilitation facility. The setting will have implications for patient flow, SBIRT procedures, documentation, billing, tracking, and precepting/supervising.

Establishing Partnerships With Practice Sites

Partnerships with the practice sites and referral sources are essential. They ensure that trainees will have sufficient clinical SBIRT experience. Residents and other students may be dispersed in various clinical practice settings, such as social service agencies, emergency departments, trauma centers, community health centers, veterans' health centers, and federally qualified health centers. Attending physicians, supervisors, preceptors, and clinic staff who will implement and manage SBIRT workflow in these settings will require training and technical assistance to effectively precept and track residents' proficiency with the SBIRT intervention. Sites will need time to think through the SBIRT processes and determine how to best accommodate practice for residents and other trainees. Consider incentives for practice site staff.

Training the Trainers

The teaching faculty must be oriented and trained in the SBIRT model. Grantees are encouraged to use a sustainable training approach. Some grantees have found it effective to use a train-the-trainer model that transitions SBIRT training to successive faculty and champions. Staff, attending physicians, preceptors, and others who supervise residents and students at practice sites must also be trained in the SBIRT model.

Table 3. Training Plan Development: Common Challenges and Successful Strategies

Challenges	Strategies
Training key staff of partnering organizations	 Consider offering continuing education units, continuing medical education credits, and other incentives. Make training a condition of written agreements.
Managing broad distribution of clinics and field placements	 Identify and support onsite liaisons to facilitate SBIRT tracking and reporting. Provide incentives for onsite liaisons' time.
Addressing lack of SBIRT training among residents' preceptors and supervisors, inability to model and supervise SBIRT for trainees, and limited expectations for trainees to practice SBIRT with patients/clients	 Provide SBIRT training to preceptors and supervisors. Consider hosting training for key staff at sites where trainees perform clinic rotations and field work. Use Web-based interactive training to provide the flexibility that faculty, residents, and preceptors need to address scheduling challenges. Conduct periodic booster sessions. Provide SBIRT updates at faculty meetings. Promote SBIRT as a grand rounds topic. Incentivize supervisory training time. Ensure that required training is part of written agreements.
Tracking residents' use of SBIRT in clinic rotations	 Consider expanding clinic rotation reports to include an SBIRT survey. Develop incentives for residents' reporting compliance. Embed SBIRT into patient documentation processes.
Addressing reluctance among medical faculty and staff to adopt the SBIRT protocol	 Identify medical and behavioral health champions who can advocate SBIRT at their organizations, address reluctance, and build motivation. Incentivize participation of key faculty and staff. Raise awareness of the implications of SBIRT, particularly brief intervention, for the treatment of other health conditions.
Addressing concern among departments about the process and time commitment for integrating SBIRT	Remind staff of the grant requirements and training targets.

Challenges	Strategies
into established curricula and training	Assure adequate resources.
schedules	Consider having an SBIRT curriculum developer provide technical support to departments for curriculum modification.
	Host group meetings among participating departments to facilitate project monitoring, modeling, and sharing of lessons learned.
	Establish regular communication protocols to ensure accountability and quality assurance.
Addressing competing priorities and inadequate time to administer SBIRT, which has been frequently reported as an impediment by attending physicians who have been trained	Use a teaming approach, determine an integrated workflow, embed prescreening questions into existing patient surveys, and use technology when possible.
Scheduling times when faculty and staff can meet together for training	 Use Web-based interactive training to provide the flexibility that faculty, residents, and preceptors need to address scheduling challenges. Provide training more than once.
Providing training within residents' reduced work hours	Ensure that trainers are flexible to accommodate the limited availability of residents.

Worksheet 6. Identifying SBIRT Trainers

Instructions: Identify potential SBIRT trainers, their strengths and possible challenges, and the person responsible for requesting their participation.

Name	Institution/Organization	Contact Information	Strengths	Challenges	Who Will Contact?

Training Implementation

This section of the guide focuses on training implementation. Consideration should be given to differences in the orientations, perspectives, and learning styles of the health professionals who will be trained. Determine how training and supervised practice will best fit within their schedules, and base the content on trainee needs.

Training formats should ensure both consistency in delivery and flexibility to work within the trainees' overall learning experience. Formats may include online training, didactic presentations, skills-focused training, and supervised clinical practice. Each approach has its advantages, and most institutions use a blend of approaches. Consider developing a project Web site with resources such as the curriculum, tools, videos, case studies, surveys, and articles. See table 4 for suggested strategies, and use worksheet 7 to determine training formats.

Many programs develop "standardized patients" for use in skills training. Standardized patients are actors who play the role of patients to allow trainees to practice SBIRT skills. Standardized patients reliably portray patient styles and problems and provide a consistent experiential opportunity to evaluate trainee performance. This approach has several advantages. It allows trainees to practice skills without inflicting emotional or physical harm. It also saves time and resources of faculty and staff. However, standardized patients can only present a limited number of scenarios at a time. Sometimes they cannot realistically simulate symptoms (e.g., acute withdrawal syndrome). Recruitment of standardized patients can also be time consuming.



Table 4. Training Implementation: Common Challenges and Successful Strategies

Challenges	Strategies			
Finding time within existing training schedules	Work flexibly with the time available, and negotiate for additional time later.			
	Use Web-based interactive training to provide flexibility for faculty, trainee, and preceptor/supervisor training.			
	Train on the same topics more than once to accommodate scheduling challenges.			
Documenting SBIRT practices consistently	Work with practice sites to predetermine documentation requirements.			
	Provide incentives for documenting SBIRT practices.			
	Integrate SBIRT into the EHR.			
Addressing perceived burden among	Integrate SBIRT protocols into patient workflow.			
trainees	Groom senior trainee champions.			
	Provide opportunities for scholarship.			
Developing trainees' confidence to deliver interventions	Demonstrate how motivational interviewing can be used to address a variety of health issues.			
	Provide opportunities for experiential practice prior to working with patients.			
	Use pocket cards containing screening tips and tools.			
	Preload computers or tablets with reminders, algorithms, and forms.			
Identifying alternatives to didactic	Use multiple learning strategies.			
presentations (e.g., lecture with PowerPoint) to facilitate engagement, information retention, and skills	Adapt gaming or problem-solving strategies to reinforce the SBIRT curriculum and make it interactive.			
development	Provide opportunities for trainees to visit community substance use treatment programs.			
	Provide opportunities for trainees to teach others about substance use and SBIRT.			

Worksheet 7. SBIRT Training Organizer

Trainees	Objectives	Setting	Methods*	Measurement	Frequency and Duration	Trainer	
Planning conside	rations:						
Didactic, online training, workshops, demonstration videos, role playing and other skills-oriented approaches, standardized patients, ther							

Technical Assistance and Resources

SAMHSA provides technical assistance to SBIRT grantees at no cost throughout the grant, from implementation to service delivery to final evaluation. The assistance is collaborative in nature and aims to build on successes and overcome challenges. Technical assistance supports grantees with strategies from experienced SBIRT implementers and subject matter experts. The types of assistance available to SBIRT grantees include the following:

Program Development

- Implementation and integration
- Performance monitoring and quality improvement
- Evaluation
- Sustainability
- Dissemination
- Culturally competent programming

Training Support

- Screening and brief intervention
- Brief treatment
- Motivational interviewing
- Referral to specialty treatment
- ▶ EHR utilization
- Evidence-based practices
- Web-based SBIRT applications
- Evidence-based supervision to support proficiency and fidelity
- Non-clinician training
- Train-the-trainer

Curriculum Development

- Curriculum committee development
- Curriculum writing
- Standardized patient protocols
- Translation

Research and Data Collection

- Literature reviews
- Accessing and applying research
- Government Performance and Results Act data collection and reporting
- Tracking systems

You are encouraged to obtain support and assistance for your project:

- Discuss your technical assistance needs with your GPO and/or JBS International staff.
- Submit an online request for technical assistance at http://www.samhsagpra.samhsa.gov. Alternately, the GPO may submit a request on your behalf.
- SAMHSA will review the request, which will need approval by the GPO, Branch Chief, and Contract Monitor.
- Once your request has been approved, a technical assistance manager from either JBS or Alliances for Quality Education will contact you to start the planning and design process. Services usually begin within 4 weeks following approval or at a mutually agreed-upon time.
- Informal requests for information can be made anytime by contacting your GPO or JBS.
- ▶ Grantees are encouraged to access the Ideas Exchange, an interactive information resource. As a grantee, you will have an account established for you shortly following your notice of funding award.

Additional Resources

Motivational Interviewing

http://www.motivationalinterview.org/

http://www.youtube.com/channel/HCs50CVhbWlCU

Brief Negotiated Interview

BNI-ART Institute

http://www.bu.edu/bniart/sbirt-in-health-care/sbirt-brief-negotiated-interview-bni/

http://www.integration.samhsa.gov/clinical-practice/sbirt/Brief-negotiated_interview and active referral to treatment.pdf

Yale University School of Medicine/SBIRT

http://medicine.yale.edu/sbirt/index.aspx

http://www.ihs.gov/nc4/documents/appendix_a_yale_bni_manual.pdf

http://www.youtube.com/user/SBIRTInstitute/feed

SBIRT General

A Step-by-Step Implementation Guide for Trauma Centers http://www.cdc.gov/injuryresponse/alcohol-screening/pdf/sbi-implementation-guide-a.pdf

Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf

Alcohol Screening and Brief Intervention: A Guide for Public Health Practitioners http://www.apha.org/NR/rdonlyres/B03B4514-CCBA-47B9-82B0-5FEB4D2DC983/0/SBImanualfinal4 16.pdf

AUDIT http://www.bu.edu/bniart/files/2012/04/AUDIT-2001-form.pdf

DAST-10 http://www.bu.edu/bniart/files/2012/04/DAST-10 Institute.pdf

Screening and Brief Interventions (SBI) for Unhealthy Alcohol Use

Sustaining SBIRT - Tactics for Transformational Change http://sbirt-reg.jbsinternational.com/images/SBIRT%20Implementation%20Guide%20Final.pdf

Baylor College of Medicine

http://www.bcm.edu/education/sbirt/training

Oregon Health and Science University

http://www.sbirtoregon.org/movies.php

Southeastern Consortium for Substance Abuse Training (SECSAT)

http://sbirtonline.org/

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